

No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below.

| AMENDED CLAIMS  |               |   |              |                    |               |
|---|---------------|---|--------------|--------------------|---------------|
|   | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate               | Additional Fe |
| Total Claims  | 43            | MINUS 43 =                                | 0            | x \$18.00 (1202) = | \$ 0.00       |
| Independent Claims  | 2             | MINUS 3 =                                 | 0            | x \$86.00 (1201) = | \$ 0.00       |
| If Amendment adds multiple dependent claims, add \$290.00 (1203)  |               |   |              |                    |               |
| Total Claim Amendment Fee   |               |   |              |                    |               |
| <input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee |               |   |              |                    |               |
| <b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>  |               |   |              |                    |               |
|   |               |   |              |                    |               |

A check in the amount of \_\_\_\_\_ is enclosed for the fee due.

Charge \_\_\_\_\_ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: December 15, 2003

By Sherry M. Carty  
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